

NO / 582342

TOP CLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

APPLICANTS

TITLE


Claim	Final	Original	Date
1	✓	✓	4/23/01
2	✓	✓	4/23/01
3	✓	✓	4/23/01
4	✓	✓	4/23/01
5	✓	✓	4/23/01
6	✓	✓	4/23/01
7	✓	✓	4/23/01
8	✓	✓	4/23/01
9	✓	✓	4/23/01
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If more than 150 claims or 10 actions  
staple additional sheet here

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